

NURSE-DRIVEN EARLY IDENTIFICATION OF POST OPERATIVE URINARY RETENTION (POUR) AND DECREASED LENGTH OF STAY IN THE AMBULATORY SURGERY POPULATION

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Background Information: In the post-anesthesia care unit (PACU), successful urinary void trials are a discharge requirement for many ambulatory surgery patients. In many instances, patients are delayed from being discharged home despite meeting PACU criteria due to the inability to pass a void trial. Failed void trials can result in patients being admitted and/or having an indwelling catheter placed.

Objectives of Project: The objective of this project is to decrease the length of stay (LOS) for ambulatory surgery patients who are requested to void prior to discharge by implementing nursing interventions aimed at early identification of urinary retention. Reducing PACU LOS related to urinary retention would improve OR to PACU patient flow and, ultimately, increase patient satisfaction.

Process of Implementation: Retrospective chart review was conducted for one month to evaluate LOS for ambulatory surgery patients that were requested to void prior to discharge and to identify what interventions, if any, were performed. Staff was then educated to bladder scan patients within two hours of arrival to the PACU. This would hopefully identify increased bladder volumes, prompting early treatment. Staff was educated to document bladder scan results as well as any other subsequent interventions, as ordered by the medical team. Three months of post implementation data is being collected.

Statement of Successful Practice: Prior to staff education, 28% of patients were found to have post-operative urinary retention (POUR), with an average LOS of 7.52 hours in the PACU. Data collection at month one shows 15% of patients were found to have POUR, with a decreased average LOS of 7.2 hours in the PACU. As data is being collected, our limitations are becoming evident. We are in the process of re-educating staff due to noncompliance. We also need to address other issues surrounding our study, which include newly initiated surgeon-specific approaches to handling POUR.

Implications for Advancing the Practice of Perianesthesia Nursing: Nurses drive change in standards of practice. Educating nurses of early identification of POUR empowers nurses and supports nursing autonomy. Once we have evidence that nurse driven identification of POUR produces positive outcomes, interdisciplinary dialogue can occur to improve institutional practice.